



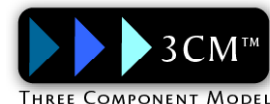
RESPECT-Mil

Better Care Through Better 'Cents'

David L. Dobson, MD

RESPECT-Mil Tri-Care Behavioral Health Proponent

SAVANNAH, GA *Version 3.1 - 14-16 JUNE 2010*



Learning Objectives

- ★ Prioritized staffing criteria
- ★ Dollars and “Sense” – The business aspect
- ★ Role of the primary care providers
- ★ Mock staffing presentation

Staffing

- ★ Involves RN Care Facilitator and BH Clinician
- ★ Done on a weekly and as needed basis
- ★ Review of cases meeting staffing criteria
- ★ BH Clinician monitors patient progress and makes recommendations for treatment.
- ★ Facilitator communicates this to the PC Clinicians

Criteria for Staffing

- ★ Any level of suicidal ideation
- ★ <5 point drop in PHQ-9 and/or PCL scores
- ★ Significant barriers to treatment adherence
- ★ Pre-deployment evaluation/clearance
- ★ Remission has occurred
- ★ Closure – PCS, ETS, transfer, etc.

Dollars & “Sense”

SHOW ME THE MONEY (RVU's)

★ Can the program stand on its own?

★ Weekly Facilitator Staffing

1. Patients are logged into the Behavioral Health Clinic in AHLTA.
2. The RN documents a brief case summary and safety evaluation in the S/O portion of the note.
3. The RN staffs the cases with the psychiatrist who reviews and completes the note, making treatment recommendations

Dollars & “Sense” – cont’d

- ★ Two procedure codes are used:
 - ★ 90885 (0.97) Review of Records and Reports
 - ★ 90887 (1.48) Psych Therapy Counseling
Family/Guardians (RN)
- ★ The coding nets 2.45 RVUs per encounter.
- ★ Staffing takes an average of 10 minutes per encounter and documents that the patient was not present.
- ★ Documentation is important because it’s good patient care, justifies the workload, and educates providers.

Dollars & “Sense” - cont’d

- ★ RVU potential is impressive:
 - ★ 6 Facilitators each with a caseload of 60-80
 - ★ Potential monthly RVUs generated for BH Clinician supervision is 800-1100.
 - ★ Standard RVU production for BH MD with full patient load is 300-400/month.
- ★ Justification for a part/full time RESPECT-Mil-BH Clinician
- ★ Justification for RESPECT-Mil clinic in AHLTA (still pending)

Documentation

S/O Note:

- ★ To be completed by Care Facilitator prior to staffing and includes the following:
 - ★ Identifying Statement
 - ★ Diagnostic Information
 - ★ Treatment Information
 - ★ Plan for staffing

Documentation

★ Example SO note:

★ SM is a 25 y/o married E-5 who is attached to 3-7 CAV and carries an MOS of 11B. SM was diagnosed by Dr. Swan with depression on 7/2/09 with an index PHQ-9 score of 6/24 and risk of 0. SM was started on Effexor 75mg and was referred to BH for therapy. Current 4 wk score of 5/20 and risk remains 0. Pt with c/o mild headaches since starting Effexor. He is engaged in his self-mgmt goal and is pending his therapy appt in BH. Will take to staffing for review.

Documentation

★ AP Note:

- ★ To be completed by staffing psychiatrist and includes the following:
- ★ Diagnosis (as documented by PC Provider)
- ★ Plan (treatment recommendations)

Documentation

★ Example AP Note:

- ★ 1. Depression: As diagnosed by primary care. Case discussed with Facilitator. Pt tolerating Effexor 75mg but does have c/o mild headaches. Most recent BP was mildly elevated. Would recommend PCM conduct a 5 day BP check to r/o HTN. If so, consider switching medications as elevated BP can be a s/e of Effexor. Would then consider either Zoloft 50-100mg QD or Prozac 20-40mg QD. Continue with RESPECT-Mil f/u as well as Behavioral Health therapy.

Folder List

- Appointments
- Telephone Consults
- Search
- New Results
- Co-signs
- Consult Log
- Patient List
- CHCS-I
- Reports
- Tools
- Web Browser
- QQQCHCSIITEST, STEWF
- Demographics
- Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Vital Signs Review
 - PKC Couplers
 - Readiness
 - Patient Questionnai
 - DoD/VA/Theater H
- Lab
- Radiology
- Clinical Notes
- Previous Encounters
- Flowsheets
- Current Encounter
 - Screening
 - Vital Signs Entry
 - S/O
 - A/P
 - Disposition

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	311	DEPRESSION	Chronic	New

Plan/Comments 1. Depression: As diagnosed by primary care. Case discussed with RCF. Pt tolerating

Diagnosis Plan and Comments

Comments

1. Depression: As diagnosed by primary care. Case discussed with RCF. Pt tolerating Effexor 75mg but does have c/o mild headaches. Most recent BP was mildly elevated. Would recommend PCM conduct a 5 day BP check to r/o HTN. If so, consider switching medications as elevated BP can be a s/e of Effexor. Would then consider either Zoloft 50-100mg QD or Prozac 20-40mg QD. Continue with RESPECT-Mil f/u as well as Behavioral Health therapy.

Add diagnosis then click on Plan/Comments for your A/P. After reviewing the chart document findings and recommendations.

Key – Always start section with "As diagnosed by primary care or PCM," You are a consultant and did not see the patient!

Add to Encounter Add to Favorite List

RITTER, KOBY A: Military Clinical Desktop - A/P (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Preview Save Delete Templates SQ Disposition Sign Modifiers Submit All Close

QQQCHCSITEST, STEWF 20/851-11-3124 29yo F CPL DOB:01 Jan 1980

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Priority	ICD	Diagnosis	Chronic/Acute	Type
1	311	DEPRESSION	Chronic	New
		Plan/Comments	1. Depression: As diagnosed by primary care. Case discussed with RCF. Pt tolerating	
		Procedure(s)	Psychiatric Evaluation Review of Records and Reports	

Priority

Orders & Procedures

Psychiatric Evaluation Review of Rec

Diagnosis Order Sets Procedure Reminders Order Consults Order Lab Order Rad Order Med Other Therapies

RESPECT-Mil Staffing default Favorite Lists

Standard Procedures (CPTs) HCPCS & Durable Med Equip (DME)

Search 90885 Find Now

Description of Procedure

Psychiatric Evaluation Review of Records and Reports 90885

Next Click on procedure and add 90885 – Psychiatric Review of Records and Reports. This supports your review of the RN's portion of your note, the medical record including, meds, labs and any pertinent information.

Add to Encounter Add to Favorite List

13

RITTER, KOBY A in Tuttle AHC Primary Care at Winn ACH, Fort Stewart, GA

start

Inbox - ... Microsoft... RITTER, ... My Docu... Microsoft...

11:22 AM

RITTER, KOBY A: Military Clinical Desktop - A/P (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Preview Save Delete Templates SQ Disposition Sign Modifiers Submit All Close

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Priority	ICD	Diagnosis	Chronic/Acute	Type
1	311	DEPRESSION	Chronic	New
Plan/Comments		1. Depression: As diagnosed by primary care. Case discussed with RCF. Pt tolerating		
Procedure(s)		Psychiatric Evaluation Review of Records and Reports		

Procedure Details for

Unservice: 1

Modifier: **HS FAMILY/CLIENT WITHOUT CLIENT PRESENT**

Now the modifier is added. Click on procedure, and the procedure box comes up. Type HS=Family/Client without Client Present in the first line. This clearly documents that the patient was not present for this encounter.

Appointed Provider: ☒ **DOBSON, DAVID L** Role: **Attending Provider**

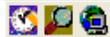
Additional Provider #1: ☐ Role:

Additional Provider #2: ☐ Role:

Add to Favorite List

BY A in Tuttle AHC Primary Care at Winn ACH, Fort Stewart, GA

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QQQCHCSIITEST, STEWF 20/851-11-3124 29yo F CPL DOB:01 Jan 1980



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Priority	ICD	Diagnosis	Chronic/Acute	Type
1	311	DEPRESSION	Chronic	New
Plan/Comments		1. Depression: As diagnosed by primary care. Case discussed with RCF. Pt tolerating		
Procedure(s)		Psychiatric Evaluation Review of Records and Reports (HS-FAMILY/CLIENT)		
		Psychiatric Therapy Counseling Family/ Guardians		

Priority

Orders & Procedures

Psychiatric Evaluation Review of Rec

Psychiatric Therapy Counseling

Procedure Reminders Order Consults Order Lab Order Rad Order Med Other Therapies

RESPECT-Mil Staffing <Default> Favorite Lists

Standard Procedures (CPTs) Search 90887 Find Now

HCPCS & Durable Med Equip (DME)

Description of Procedure

Psychiatric Therapy Counseling Family / Guardians 90887

Click Procedure to add second procedure and type 90887 = Psychiatric Therapy Counseling Family/Guardians.. Do Not use 90887= Social Work Family Psychotherapy (w/o Patient) Guardians this is the wrong one.

Add to Encounter Add to Favorite List

FileEditViewGoToolsActionsHelp

PreviewSaveDeleteTemplatesSQDispositionSignModifiersSubmitAllClose

Options

QQQCHCSIITEST, STEWF 20/851-11-3124 29yo F CPL DOB:01 Jan 1980

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A/P

Disposition

PriorityICDDiagnosisChronic/AcuteType

1311DEPRESSIONChronicNew

Plan/Comments1. Depression: As diagnosed by primary care. Case discussed with RCF. Pt tolerating

Procedure(s)

Psychiatric Therapy Counseling Family/ Guardians (HS-Family/Client)

Procedure Details for

Unit of Service:1

Modifier(s):HS FAMILY/CLIENT WITHOUT CLIENT PRESENT

Comments:

Appointed ProviderDOBSON,DAVID LRoleAttending Provider

Additional Provider #1Role

Additional Provider #2Role

Orders & Procedures

Psychiatric Evaluation Review of Rec

Psychiatric Therapy Counseling

RadOrder MedOther Therapies

SearchB0887Find Now

Add to Favorite List

start

Inbox - Micros...Microsoft Exce...RITTER, KOBY...Microsoft Pow...

16

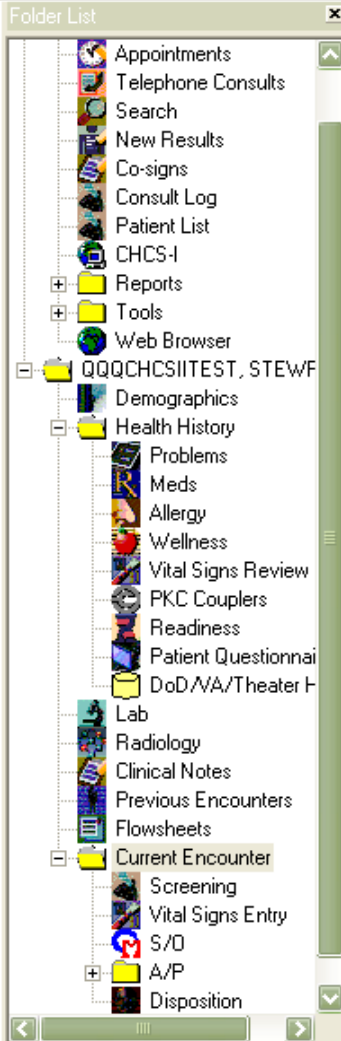
11:28 AM

RESPECT-Mil

Now the modifier is added. Click on procedure, and the procedure box comes up. Type HS=Family/Client without Client Present in the first line. This clearly documents that the patient was not present for this encounter.



QQQCHCSIITEST, STEWF 20/851-11-3124 29yo F CPL DOB:01 Jan 1980



Date: **31 Aug 2009 1105 EDT** Status: **In Progress** Treatment Facility: **Tuttle AHC-Hunter Army Airfield**

Primary Provider: **DOBSON, DAVID L**

Patient Status: **Outpatient**

Reason for Appointment: CASE STA

Appointment Comments:

Notes Entered by: RITTER, KOBY A 3

kar

AutoCite...

Screening GO PO AO. LMP: 25 Aug 2009. Birth C

Vitals

S/O **SO Note** Written by RITTER, KOBY A

Chief complaint

The Chief Complaint is: SM case review

Referred here

By Flight Med.

History of present illness

The Patient is a 29 year old female.

SM is a 25 y/o married E-5 who is attached to 3-7 CAV and carries an MOS of 11B. SM was diagnosed by Dr. Swan with de

7/2/09 with an index PHQ-9 score of 6/24 and risk of 0. SM was started on Effexor 75mg and was referred to BH for therapy. Current 4 wk

score of 5/20 and risk remains 0. Pt with c/o mild headaches since starting Effexor. He is engaged in his self-mgmt goal and is pending his

therapy appt in BH. Will take to staffing for review.

A/P **A/P** Written by **BHC, MD** 31 Aug 2009 1131 EDT

1. DEPRESS As diagnosed by primary care. Case discussed with RCF. Pt tolerating Effexor 75mg but does have c/o

mild headaches. Most recent BP was mildly elevated. Would recommend PCM conduct a 5 day BP check to r/o HTN. If so, consider

switching medications as elevated BP can be a s/e of Effexor. Would then consider either Zoloft 50-100mg QD or Prozac 20-40mg QD.

Continue with RESPECT-Mil f/u as well as Behavioral Health therapy.

Procedure(s) -Psychiatric Evaluation Review of Records and Reports x1 (HS-FAMILY/CLIENT WITHOUT CLIENT

PRESENT)

Completed note:

- 1) RN completed S/O
- 2) Psychiatrist completed A/P
- 3) Coding to support work load
- 4) Clear documented consult to PCM
 - a) Good medical care
 - b) Way of teaching psychiatric care
 - c) Justifies work load and time
 - d) Generates RVU's

Psychiatric Therapy Family/ Guardians x 1(HS-Family/Client without client present)

PCP's Role (post staffing)

- ★ Receives BH Clinician's recommendations via BHC AHLTA note and T-Con from Facilitator
- ★ Determine desired course of action
- ★ Complete T-Con, to include any new orders or changes
- ★ Either sign & close or transfer back to Facilitator
- ★ Facilitator will contact and educate soldier accordingly

PCP's Role (post staffing)

★ Example A/P note: (T-Con response)

- ★ 1. Depression: Continue current Effexor dose of 75mg. Please give pt 5 day BP check sheet and educate. If headaches worsen or continue or 5 day BP average is $>140/>90$, then make appt for follow up and we will change from Effexor.

QUESTIONS